

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023665

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22

Primary Registration District No. 3013

Registrar's No. 146

FILED JUN 24 1963

VS 300
Rev. 4/59

16004

23618-

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9540.1

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13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)

NORTH KANSAS CITY

Length of stay in 1b

6 hrs

c. FULL NAME OF (If NOT in hospital, give location)

MEMORIAL HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

CLAY

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

3301, East 43rd, ST, NORTH

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

MERCY

Middle

JANE

Last

ROBERTSON

4. DATE

OF

DEATH

Month

JUNE

Day

19

Year

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/17/74

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

OSAGE CO., MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB

13b. MOTHER'S MAIDEN NAME

WHITE

13c. MOTHER'S MAIDEN NAME

MERCY JANE SUTTON

14. NAME OF HUSBAND OR WIFE

I. ARCHIE ROBERTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

I. Archie Robertson, 3301, E. 43rd N.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Peritonitis

INTERVAL BETWEEN

ONSET AND DEATH

5 hours

Conditions; if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Probable Rupture peptic Ulcer

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-14/59 to 6-19-63 and last saw her alive on 6-19-63

Death occurred at 10:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Glen W. Henderson M.D.

(Degree or title)

22b. ADDRESS

Liberty, Mo

22c. DATE SIGNED

6/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6/21/63

23c. NAME OF CEMETERY OR CREMATORY

SUNSET CEMETERY

23d. LOCATION (City, town, or county)

MANHATTAN

(State)

KANSAS

24. FUNERAL DIRECTOR

Hellody-McGilley-Eular

ADDRESS

Antioch

Chapel

25. DATE RECD. BY LOCAL REG.

6-21-63

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

3325 Vivion Rd., K.C. 19, MO

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Hendren
1444 Waters

JUN 23 1961

Good
-2182

STATEMENT BY LICENSED EMBALMER

0-2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K.C. 9, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.